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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/526,829
	Filing Date	September 4, 2003
	First Named Inventor	Aguilar et al.
	Title	A Method of Modulating Cellular Activity and Molecules for Use Therein
	Art Unit	1644
	Examiner Name	Not yet assigned
	Attorney Docket No.	31471/44171

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ An Assignee of record of 50% interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert J. K.</i>	Date	24 February 2009
Name	ROBERT KUPACS	Telephone	761 400 925524
Title and Company	MANAGING DIRECTOR <i>Canine Therapeutics Limited</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 5, 2009Signature: *Marshall P. Byrd* (Marshall P. Byrd)